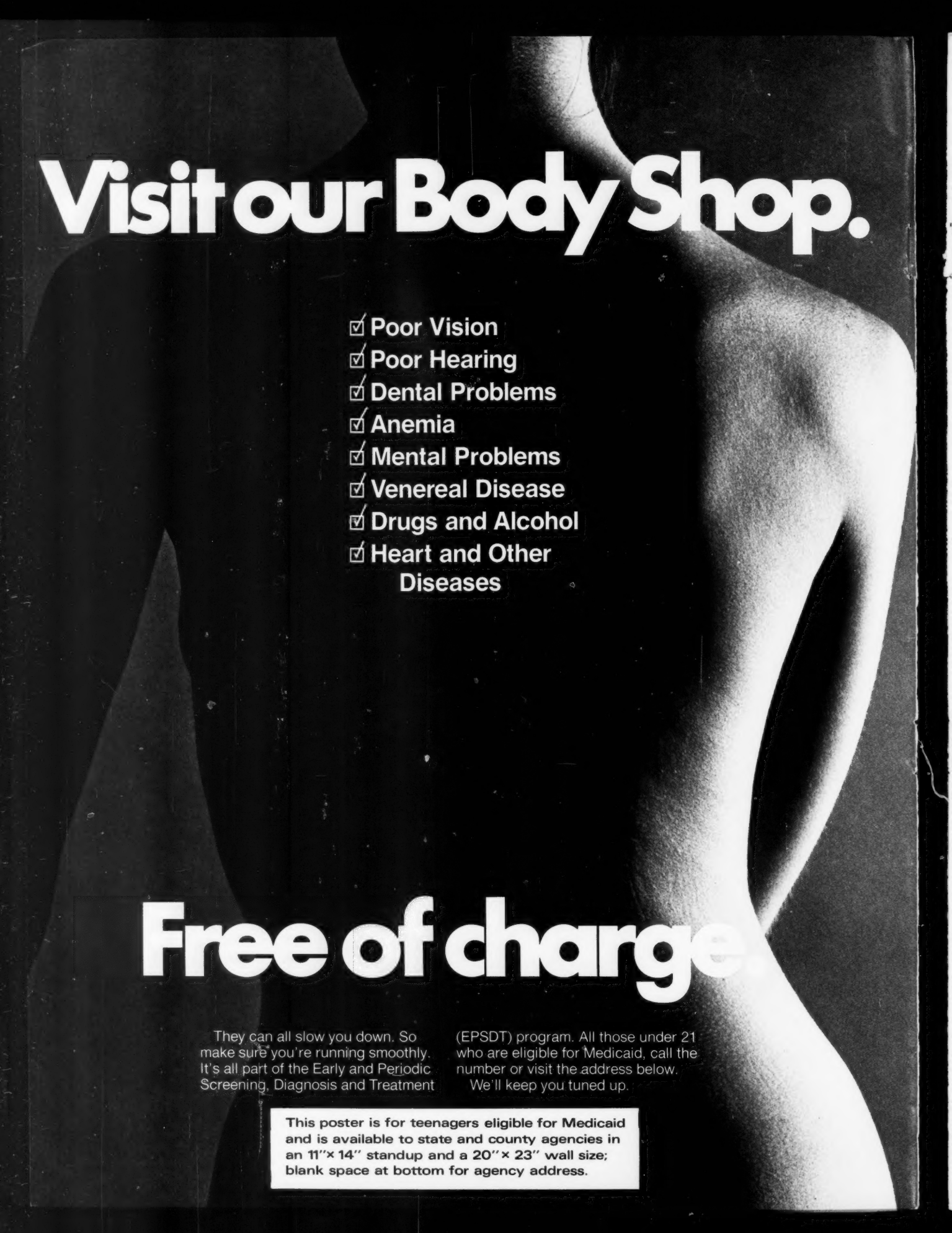
THE SOCIAL AND REHABILITATION
Record

Georgia Tie-Line / Vietnam Refugees / Quality Control Nationwide / State News / Medicaid in N.C. / Publications

Social and Rehabilitation Service
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Volume 2/Number 6/July-August 1975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This poster is for teenagers eligible for Medicaid and is available to state and county agencies in an 11"× 14" standup and a 20"× 23" wall size; blank space at bottom for agency address.

THE SOCIAL AND REHABILITATION
Record

Volume 2, Number 6

July-August 1975

ARTICLES

6 Quality Control Nationwide — **Sue Ossman**
An update on efforts by Federal and State Governments to improve administration of public assistance programs and ensure that payments go only to eligible recipients.

12 North Carolina Contracts Out Its Medicaid Program — **David Flaherty**
North Carolina draws on the experience and expertise of private industry in its attempt to reduce the cost of its Medicaid program.

14 Ga. Tie-Line Makes Help Accessible — **Celia Gettle and Sandra Matthews**
A central information and referral system helps Georgia's citizens find the help they need.

25 Resettling Vietnam Refugees — **John A. Svahn**
SRS staff has key role in relocating Vietnam refugees.

28 Revenue Sharing: Source of More Program Funds for the Disabled and Others — **Paula Hammer and Thomas M. Uhlman**
What an expanded information base, more adequate planning and leadership can do to make better use of the Revenue Sharing Act for the disabled.

DEPARTMENTS

4 State News

15 SRS Newsletter

33 Publications and Films

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Mass. decertifies 23 nursing homes

Massachusetts has dropped 23 nursing homes from the Medicaid program for failure to meet State inspection requirements, according to Massachusetts Secretary of Human Services, Lucy W. Benson.

Twenty-two of the homes were decertified for inadequate medical care, and one did not meet life safety standards. Another 12 homes will be decertified after other facilities become available for their Medicaid patients.

The decertifications come in the wake of an extensive statewide inspection tour that put more than 600 Massachusetts nursing homes under scrutiny. As a result of the inspections, Mrs. Benson said, 10 other homes have been shut down completely, 13 others have withdrawn from Medicaid and are now rest homes, and 24 withdrew of their own accord prior to the inspections.

Holding centers proposed for Medicaid patients

Two prominent Boston doctors have recommended the establishment of six State-run "holding centers" for Medicaid patients awaiting discharge from hospitals but have not found suitable nursing homes.

Dr. Louis F. Alfano, President of the Massachusetts Medical Society, and Dr. H. Thomas Ballantine, Jr., President of the Commonwealth Institute of Medicine (CIM) believe the plan could save some $12 million a year.

Dr. Ballantine stated, "CIM statistics indicate that a daily average of 200 Medicaid patients are awaiting hospital discharge and transfer to appropriate levels of long term care. The cost to the Commonwealth under present arrangements for medical assistance patients is exceeding $29,000 a day, which amounts to millions each year."

According to Dr. Ballantine no new facilities would be needed, as underutilized portions of the same hospitals would be used. The cost per patient in the holding center would probably be less than $60 per day as opposed to the average cost of $130 for a hospital bed.

The doctors have presented their plan to the Governor and recommended that the CIM, together with the regional medical care foundations, work jointly with the Massachusetts Medical Society to prepare a specific proposal for implementation of a pilot project.

Separation of health and social services proposed for Delaware

A bill introduced in the Delaware Legislature by Senator Herman M. Holloway, Sr. (D-Wilmington), would replace the State's Department of Health and Social Services with two separate departments, each with its own cabinet-level secretary.

The proposed agencies, the Department of Corrections and Social Services and the Department of Health, would divide the functions of the current agency, which employs approximately 5,500 people and represents the largest federally funded program in Delaware.

The bill would also create a variety a gubernatorially appointed advisory councils and committees that would report to both the Governor and the appropriate department secretary. Public hearings on the legislation are planned.

Idaho welfare head resigns position

James Wilson, Administrator of the Division of Welfare, Idaho Department of Health and Welfare, has resigned his position to return to Idaho State University and complete his studies for the doctoral degree in public administration.

Allen Korhonen, a former consultant to the department, has been named to succeed Wilson.

Oregon develops training program for AFDC workers

Regional Office Assistance Payments Administration staff recently completed review of Oregon's new Staff Development and Training Plan for Income Maintenance Workers in the Aid to Families with Dependent Children (AFDC) program.

The State agency plan calls for 4 consecutive weeks of integrated training for new workers. Part of the training is centralized and part is conducted in the local office work setting.

It is expected that this training will have a positive impact on error reduction in the AFDC program.

Communications system for Pa. welfare offices

A modern high-speed communications system linking Public Welfare headquarters in Harrisburg with every county assistance office, district offices in the counties, and the Department of Public Welfare regional offices, went into operation July 1, Pennsylvania Welfare Secretary Frank S. Beal announced.

Secretary Beal said the com-

puterized teletypewriter exchange service (TWX), operated by Western Union, is capable of transmitting typewritten messages at speeds of up to 100 words a minute simultaneously to each of the 106 offices on the network or to any selected number of offices.

"The activation of this communications network is another step in the application of modern techniques for the improvement of welfare service," Secretary Beal said.

"The TWX system will enable us to communicate almost instantly with every public assistance service office in the State and will result in more effective and efficient administration of welfare programs, including considerable savings in staff time.

"Rapid communications are essential as an integral part of the administration of statewide programs, and are of special value to all concerned during emergencies or when sudden changes are made in eligibility rules by court orders," Secretary Beal added.

DPW regional offices, which generally supervise the county assistance offices in their regions, are included in the network and will receive the same communications simultaneously. This will enable regional office coordination, where necessary, without further communication relays.

Maine ranks high as *poverty* pocket

A "Profile of Poverty—Maine," a study conducted by Maine's Division of Economic Opportunity finds Maine ranking high as a poverty pocket.

The report reveals that only seven or eight States have a higher percentage of poor residents; that one of every five Maine residents is poor, without adequate income, housing, and transportation; and that Maine has the highest percentage of poor people among the six New England States.

This year-long study, an update of 1973 statistics, was prepared to make social service agencies, legislators, planning groups, and other State officials aware of the pockets of poverty in the State.

Texas Legislature cuts *welfare* budget

The Texas State Legislature has approved a fiscal year 1976 budget of $1,000,050,096 for the Department of Public Welfare. This represents a reduction of approximately $2 million from the request made by the department.

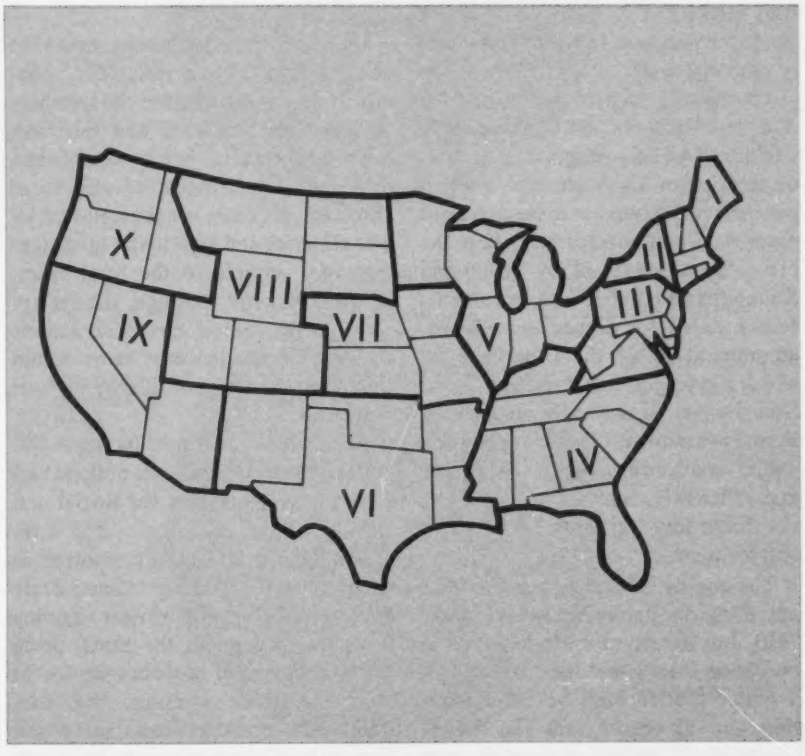
According to the department, substantial reductions may have to be made in the social services and Medicaid programs and approximately 1,300 DPW employees may have to be separated.

Operation Checkup *underway* in Calif.

"Operation Checkup," an effort to determine the willingness of physicians to accept Medicaid recipients is under way in California.

A preliminary survey showed that five times as many Medicaid recipients are denied appointments as private patients. All appointments were sought by phone.

The planned study has already generated considerable negative reaction from the California Medical Association and individual physicians.



Reducing assistance errors

Quality Control Nationwide

SUE OSSMAN

Accountability to the public is a fundamental responsibility of the government agency which administers a statutory program. In public assistance the basic questions asked by taxpayers, State legislatures, and the Congress are—

- Is the money going to the people who need it?
- Is the program fairly and efficiently administered?

The quality control system for the Aid to Families with Dependent Children (AFDC) program is a coordinated effort by State and Federal governments to answer these questions accurately and conclusively. It is the means by which the HEW Social and Rehabilitation Service carries out its responsibility for proper and efficient administration of the programs for which it is responsible under the Social Security Act. It is also a tool whereby State governments (1) administer their public assistance programs equitably and efficiently, and (2) where errors are discovered, take prompt steps to correct them.

The quality control system has been operating in public assistance since 1963, but a revised system now is in operation throughout the Nation. It is a major tool to improve administration and to ensure that the money allocated to public assistance goes only to eligible recipients. QC findings are used to improve agency procedures in the interest of greater efficiency. Thus, quality control helps public assistance carry out its mission: to ensure that people in need get the assistance to which they are entitled and that assistance is given only to those who meet State and Federal requirements.

QC is an administrative system that enables State public assistance agencies to determine whether the numbers of ineligible recipients and incorrect payments remain below established minimal percentages of the total caseload. This aim is accomplished by a continuous and systematic investigation of a sample of the total cases. When errors are too high, the system provides for taking corrective actions to hold the incidence of error within minimum levels established by Federal policies.

Each State operates its own QC system, following uniform policies and methods developed by the Social and Rehabilitation Service. The case review phase of quality control is carried out by specially trained State welfare staff, who review agency decisions throughout the State, using scientifically valid random samples. In reviewing these samples, the staff make full investigations, carry out face-to-face interviews with the clients involved, and verify and document each element of eligibility and payment.

A Federal QC staff monitor the States' QC system by continuously reviewing State QC operations and by reviewing subsamples of State QC cases.

SRS and the States completed an intensive, 6-month review of 44,000 selected AFDC cases in 1973 and error rates were announced December 20, 1973. The rates revealed that of the 3 million AFDC family cases, 10.2 percent were ineligible, 22.8 percent were overpaid and 8.1 percent were underpaid. Then, the program was modified by adding an error rate review period (January through June 1974) and new 12-month error rates were published for each State based on the 88,000 cases sampled. Those composite error rates are 9.7 percent ineligibility, 21.7 percent overpayment, and 8.1 percent underpayment.

The States are required to reduce their error rates to goals of not more than 3 percent ineligibility and not more than 5 percent for over or under payments beginning July 1, 1975. States which fail to meet those goals lose a proportionate share of Federal funds for the period in question.

Nationwide, States already have reduced their AFDC error rates, in the July-December 1974 period, down to 8.5 percent ineligibility, 19.7 percent

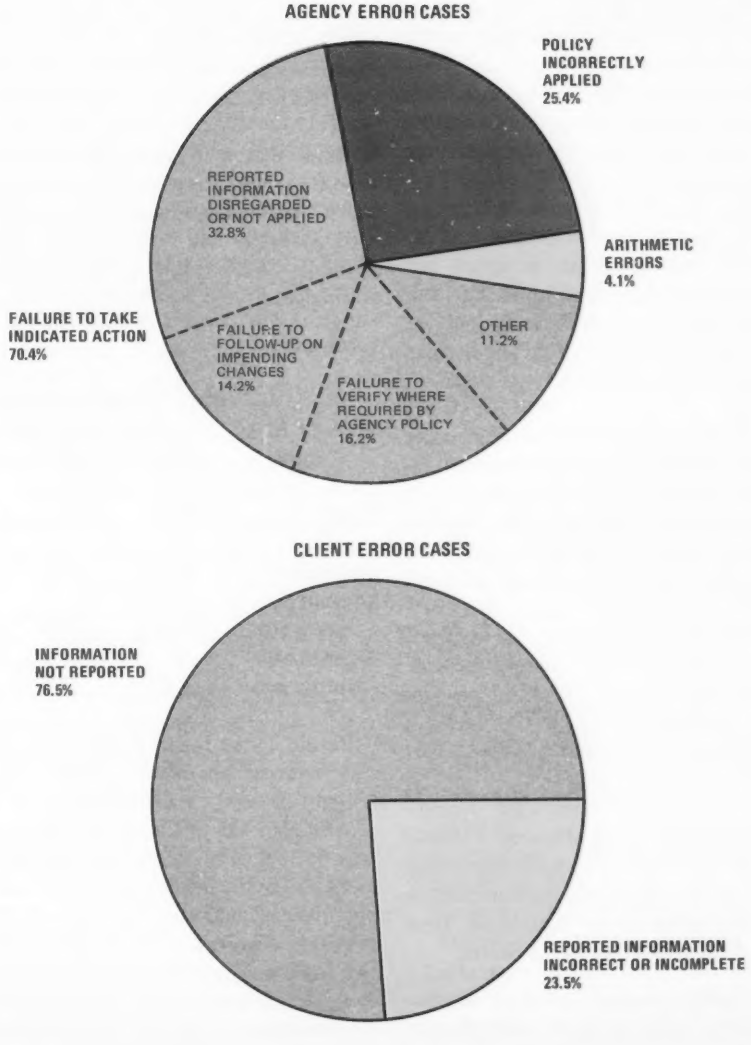
overpayment, and 8.2 percent underpayment.

The SRS Office of Special Initiatives recently completed a detailed national analysis of findings from cases sampled by the States in the January-June 1974 Quality Control reporting period. Reports received from 53 States and territories for the January-June 1974 reporting period contained information on 44,035 cases for which a review was completed from an average national caseload of over 3 million AFDC families. Of these completed case reviews, 15,337 were ineligible or received incorrect payments.

National highlights

- Case and payment error rates have declined over the April-September 1973 period.
- Errors were made about equally by the welfare agency and by the recipient.
- Seven out of 10 agency errors were made because the agency failed to take indicated action.
- Three out of four recipient errors were made because changes in circumstances were not reported.
- Cases for which the most recent action was a redetermination of eligibility had a slightly higher error rate than cases for which the most recent action was an approved application.
- The greater the time interval between the most recent actions and the QC review dates, the larger the error rate. The same trend was noted for time periods between last openings and review dates—the error rate increases as the time period increases.

Chart 2. Type of Agency and Client Errors


AGENCY ERROR CASES
POLICY INCORRECTLY APPLIED 25.4%
ARITHMETIC ERRORS 4.1%
OTHER 11.2%
FAILURE TO VERIFY WHERE REQUIRED BY AGENCY POLICY 16.2%
FAILURE TO FOLLOW-UP ON IMPENDING CHANGES 14.2%
FAILURE TO TAKE INDICATED ACTION 70.4%
REPORTED INFORMATION DISREGARDED OR NOT APPLIED 32.8%
CLIENT ERROR CASES
INFORMATION NOT REPORTED 76.5%
REPORTED INFORMATION INCORRECT OR INCOMPLETE 23.5%

■ Cases on assistance because of deprivation by death or incapacity of the father were more error prone than cases on assistance because of other deprivation factors.

■ Cases that included an adult in the assistance group had a higher error rate than cases with no adult in the assistance group.

■ Cases sharing households with other persons showed no greater incidence of error than cases that did not share households.

■ One-half of the error cases occurred in the need-income program area, one-fourth in the basic program requirements area, one-fifth in the need-requirements program area, and the remaining 5 percent of the error cases occurred in resources or "other" areas.

■ More than one-fifth of the cases were determined to have earned income. Results of the review seem to indicate that relatively few welfare recipients are employed without the agency's knowledge of such employment.

■ One out of seven cases had support payments and, as for earned income, relatively few were found to have support payments without the agency's knowledge that such payments existed.

■ Error rates in the need-requirements program area declined significantly over the April-September 1973 period due to the implementation of consolidated or simplified standards of assistance in 13 States.

■ Of all error cases, the major concentrations were noted in the following elements of eligibility: earned income (20.4 percent), basic budgetary allowances (9.2 percent), WIN (8.2 percent), other income (6.6 percent), income disregards (6.1 percent), and continued absence (6.0 percent).

■ States that had simplified or consolidated standards of assistance which included shelter generally had significantly lower error rates in basic budgetary allowances than other States.

■ States that had simplified or consolidated standards of assistance which included all items of special need generally had no errors for the element of "special circumstance allowances."

Error cases

Type of Error Cases	Percent of Cases in Error Jan.-June 1974	April-Sept. 1973
Total	37.9	41.1
Ineligible ...	9.3	10.2
Eligible but overpaid .	20.6	22.8
Eligible but underpaid	8.0	8.1

Results of the January-June 1974 review showed an overall decline nationally in total case error rates.

Although all Federal differences have been incorporated in the summary table, in some instances, States had not incorporated these differences in the other required tables of the statistical report. These discrepancies, however, amounted to only one-tenth of one percentage point for most of such States.

Error payments

Type of Error Cases	Percent of Payments in Error Jan.-June 1974	April-Sept. 1973
Total	16.3	17.4
Ineligible ...	8.2	8.9
Eligible but overpaid .	6.6	7.1
Eligible but underpaid	1.5	1.4

Payment (dollar) error rates also showed a decline over the April-September 1973 period. Because the average payment in error is generally smaller than the average payment to all cases, payment error rates were smaller than case error rates. The ratio of the average amount of payment error to the average payment to all cases was 88.2 percent for ineligible cases, 32.0 percent for eligible but overpaid cases, and 18.8 percent for eligible but underpaid cases.

Responsibility for errors

Error Cases by Responsibility for Error	Percent in Error Jan.-June 1974	April-Sept. 1973
Agency	49.1	48.6
Client	50.9	51.4

Error cases were categorized by the QC reviewers as either the responsibility of the agency or the client. There has been no change nationally in the distributions between agency and client responsibility from the previous reporting period. The re-

sponsibility was attributed about equally to the agencies and to the clients.

While data on error payments attributed to agency or client are not available for the January-June 1974 period, the April-September 1973 national subsample showed that, although the number of error cases were about equally divided between agency and client error, two-thirds of the payments in error were attributed to client error.

Type of errors

Type of Error	Percent in Error Jan.-June 1974	April-Sept. 1973
Agency Error Cases- Total.	100.0	100.0
Policy incorrectly applied	25.4	27.8
Failure to take indicated action	70.4	63.8
Computation and other type errors	4.1	8.4
Client Error Cases-Total	100.0	100.0
Information not reported ...	76.5	59.3
Information incorrect or incomplete	23.5	40.7

The most frequent type of agency error, both nationally and among all the States, was the failure to take indicated action. On a national basis, this factor accounted for 70.4 percent of the agency-caused error cases for the January-June 1974 period compared to 63.8 percent for the April-September 1973 period. The most frequent reason for agency failure to take indicated action in the January-June 1974 reporting period was that reported information was disregarded or not taken into consideration. Nationally one out of every three agency error cases (32.8 percent) occurred because of this reason.

One out of seven agency error cases (14.2 percent) was attributed to agency failure to follow up on impending changes. In a slightly higher proportion of agency error cases (16.2 percent), agencies failed to verify where required by State policy.

Three out of four client errors in the January-June 1974 period were attributed to failure on the part of the recipient to report changes in circumstances, compared to three out of five in the April-September 1973 period. By far the most prevalent reason for client error in almost all States was that information was not reported to the agency.

Type of action

Type of Most Recent Action	Percent in Error Jan.-June 1974	April-Sept. 1973
Approved application cases	36.0	36.2
Redetermination cases	38.2	39.5

In the January-June 1974 period, a redetermination of eligibility was the most recent action for four out of every five sample cases (81.4 percent). On a national basis, cases for which the most recent action was a redetermination had a slightly higher total error rate than cases for which such action was an approval of an application. (*Approval* means the agency's decision to grant assistance to an applicant. *Redetermination* means (1) a complete re-examination by the agency of all factors of eligibility subject to change following a period of time during which the recipient has been receiving assistance, and (2) a decision on continuing eligibility for payment.) These error rates did not change significantly from the previous reporting period.

Analysis of the April-September 1973 national subsample showed that error cases for which the most recent action was an approved application were more likely to be totally ineligible, while error cases for which the most recent action was a redetermination were more likely to be eligible but overpaid cases.

Time since most recent action

(The time intervals for April-September 1973 are slightly different than for January-June 1974.)

Cases by Time Interval Since Most Recent Action	Percent in Error Jan.-June 1974	April-Sept. 1973
Less than 3 months .	—	34.8
3 months or less ...	34.5	—

3 months but less than 6	—	38.5
4 months but less than 7	38.3	—
6 months but less than 9	—	44.0
7 months but less than 10 ...	45.1	—
9 months but less than 1 year	—	49.6
10 months but less than 1 year	46.3	—
1 year or more	48.2	67.1

Sample cases distributed by length of time between the most recent action and the QC review date showed that 7 months or more had elapsed since the most recent action for almost 18 percent of the cases. The agency's most recent action was within 3 months of the QC review for almost half the sample cases and from 4 to 6 months of the review for another one-third.

Analysis of the length of time between the most recent action and the review date, whether that action was an initial eligibility determination or a redetermination, indicated that there was a direct relationship between the error rate and the length of time that elapsed since most recent action. The error rate increased as the length of time since most recent action increased.

Adult(s) in Assistance Group

Cases by Presence or Absence of Adult(s) in Assistance Group	Percent in Error January-June 1974
No adult(s) included	32.2
Adult(s) included	38.7

In the January-June 1974 period, seven out of every eight cases included one or more adults in the assistance group whose needs and resources were included in the budget for the case. On a national basis, the error rate was higher for cases with an adult included in the assistance group than for cases with no adult included.

Other Persons in Household

Cases by Presence or Absence of Other Persons in Household	Percent in Error January-June 1974
No other persons in household .	38.0
Other persons in household .	38.9

Nationally, three out of every five sample cases did not share their households with other persons. Cases that did not share households with other persons showed no greater incidence of error than cases that shared households.

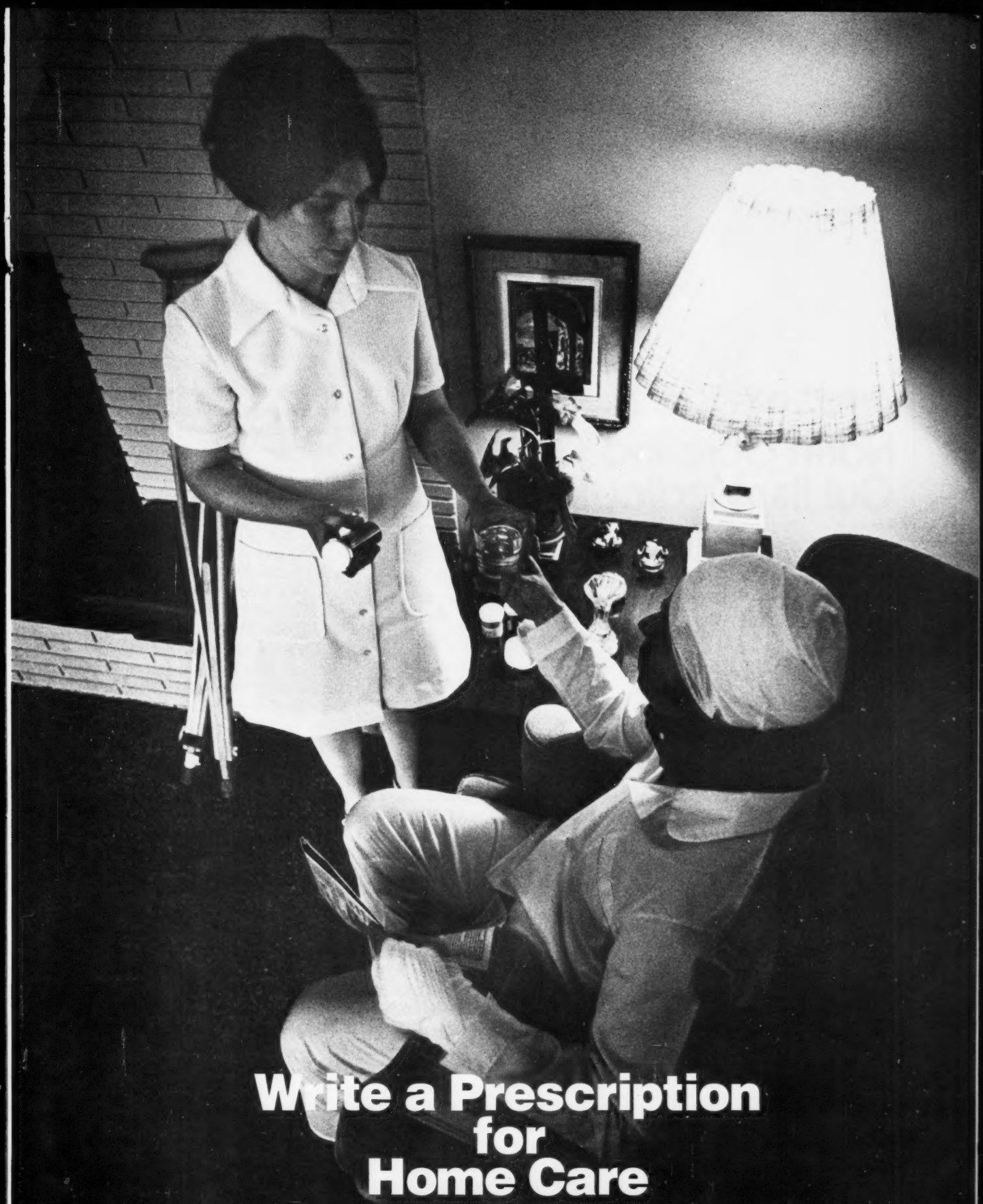
Although information is not available for the January-June 1974 period, analysis of the April-September 1973 period showed that in three cases out of five, the errors existed at the time the case was approved or redetermined but was not identified by the agency. This has strong implications for training and/or workload at the local level.

Although considerably fewer cases in the sample had a deprivation factor of "death" or "incapacity," such cases were more prone to error than cases with other types of deprivation factors. This was true in both the January-June 1974 and the April-September 1973 reporting periods.

Total error rates for cases with a deprivation factor of "incapacity" or "unemployed father" declined from the April-September 1973 period but remained virtually the same for the other deprivation factors.

Analysis of the April-September 1973 national subsample indicated that error cases, regardless of the reason for the error, were more likely to be ineligible when the deprivation factor was "incapacity;" error cases were more likely to be overpaid when the deprivation factor was "continued absence;" and error cases were more likely attributed to agency error when the deprivation factor was "death" or "unemployed father." Responsibility for error was about equally divided between agency and client for cases that had other deprivation factors.

Sue Ossman is Chief of the Reports and Statistics Branch, SRS Office of Special Initiatives, and is the author of "Quality Control in AFDC—National Findings-June 1974", from which this article was taken.



Write a Prescription for Home Care

Today more and more physicians are discovering the many advantages of home patient care. Right now community service organizations are greatly expanding their local home care programs. □ Now is the time to look into these varied community services and consider the many alternatives to hospital care. Check with your local home health care or visiting nurse agency.

A new approach

North Carolina Contracts Out Its *Medicaid* Program

Escalating costs for the administration of the North Carolina Medicaid program prompted the State to seek a new approach in its attempt to reduce costs while still delivering quality health care services.

North Carolina enlisted the help of private enterprise and the medical profession. This spring North Carolina contracted out operations of its Medicaid program, with the exception of prescription drugs, to Health Applications System (HAS), a division of Bergen Brunswig Corporation, and the North Carolina Medical Peer Review Foundation (NCMPRF).

David Flaherty, Secretary, North Carolina Department of Human Resources, explains how this innovative approach to Medicaid developed and operates.

QUESTION: Mr. Secretary, why did North Carolina decide to contract with a private company for the administration of its Medicaid program?

MR. FLAHERTY: I have been concerned along with our Governor and Legislature for several years about the rising cost of our State's Medicaid program. We have tried to offer our citizens one of the most comprehensive Medicaid programs in the country. We not only provide almost unlimited health care to public assistance and Supplementary Income recipients, but we also provide these services for people who are only medically indigent and need financial help only with medical costs.

When a State tries to provide such a comprehensive program it must be prepared to pay the costs. The only other alternative is to cut services or eliminate the "medically needy" category of recipients. Some States have cut services or placed limits on services such as the number of days inpatient hospital care is to be provided under Medicaid. We have tried not to use either of these alternatives in North Carolina.

During our first full fiscal year of Medicaid in North Carolina, the program cost $93 million. Just 4 years later the costs escalated to $181.4 million budgeted for 1974-75. Our estimates for the next bienneum were even more staggering. We realized that due to the depressed economy and cutback in anticipated revenues, we must do something to cut costs of the program. This is why we decided to seek bids from private companies to see if they could administer the program more efficiently and place a ceiling on the amount of funds the State and counties would have to spend.

QUESTION: How many companies bid on the program and which company received the contract?

MR. FLAHERTY: A request for proposals and bids was mailed to 36 potential bidders.

Health Applications Systems (HAS), a division of Bergen Brunswig Corporation was the only company to submit a proposal and bid. Before ue could take this step, our State Legislature had to approve enabling legislation which it did. The State then with the help and consultation of the Department of Health, Education, and Welfare regional and national offices worked on the proposal and the contract was signed on April 28, 1975.

QUESTION: I realize the contract itself is a voluminous document, but could you state briefly what it calls for?

Mr. FLAHERTY: The contract, which became effective on May 1, 1975, runs to June 30, 1977. It calls for payments to HAS of approximately $405 million in total, of which $205 million is payable during the first 14 months and $200 million during the 1977 fiscal year. Incidentally, this is the largest amount of program money ever paid to a private firm in North Carolina's history. Our estimates show that the State will save approximately $4.5 million in the 26-month period, with a potential savings of $14 million without reducing the level of services in the Medicaid program.

The contract provides for a prepaid monthly premium type program for approximately 312,000 people.

If costs to provide these services to the eligible people exceed the amounts specified in the contract, the company absorbs the loss and not the government. It is a closed-end Medicaid budget in other words. We know exactly the maximum it will cost before the fiscal year starts. In the past it has been open-ended and we never knew if we had enough money budgeted by the 100 counties and the State to meet the expenditures.

If HAS can keep costs below those specified in the contract, the government will receive 75 percent of the savings and the company 25 percent.

QUESTION: Mr. Secretary, How can a company such as HAS administer the Medicaid program more efficiently and for less money than the State?

MR. FLAHERTY: HAS has a great deal more experience and capability in claims processing and techniques than the State. They have a sophisticated computer system that processes over 22 million claims a year for more than 2 million health service program participants. The State does not have the resources or the expertise to do the job as efficiently.

QUESTION: I understand the State earlier contracted with a private firm to administer its prescription drug program and this venture has proven very successful. Is this true?

MR. FLAHERTY: Yes. Several years ago we contracted with Paid Prescriptions, a nonprofit organization, with HAS supporting Paid Prescriptions for administrative support of the program. While the rate of expenditures for the Medicaid drug program increased nationally during fiscal year 1974 at an average rate of 19 percent, North Carolina's rate of cost increase for the drug program went down by 3.5 percent. This experience was instrumental in our decision to contract with a private firm for the administration of all Medicaid services.

QUESTION: Since North Carolina became the first State in the Nation to contract with a private firm, have there been any repercussions?

MR. FLAHERTY: You better believe it. This action taken by North Carolina has received a tremendous amount of publicity across the Nation which has not all been favorable by any means. The major concern in many quarters has been the fear that by having a profitmaking company administer the program they will deny services in order to make a profit since they will receive 25 percent of any savings. Let me set the record straight once and for all. This is not possible. I would like to give you several reasons why not:

1. Under the contract, the State still has the responsibility for establishing Medicaid policy, updating the program, monitoring the performance of HAS, and determining the eligibility of recipients, institutions, and participating health professionals. This means that HAS has to provide the services designated by the State Legislature to every person determined eligible by our 100 county social services departments who needs these services. HAS has no control over who is eligible or what services will be provided.

2. The North Carolina Medical Peer Review Foundation, a nonprofit organization with a membership already of over 1,500 of North Carolina's physicians is under contract to review services being rendered Medicaid recipients across the State to determine that they get the proper amount and quality of services they are eligible for and also see that they do not get more than is necessary.

3. The appeal procedure spelled out to every recipient by his local social services department with his right to a fair hearing provides him a guarantee of his rights under the program. If a recipient feels he is not getting the quality or quantity of services he is eligible for, he files an appeal with the local social services departments, if he is not satisfied with their decision, he can request a fair hearing and a hearings officer with the State Division of Social Services will conduct a hearing in his county. Anyone he wishes to have represent him will be allowed to participate. If he is not satisfied with the decision of the Division Director, he may take his case to the Superior Court for judicial review.

I believe all of these safeguards more than adequately protect the recipient from being denied payment by HAS for his legitimate medical claims.

Continued on p. 34.

Ga. Tie-Line Makes Help Accessible

CELIA GETTLE and SANDRA MATTHEWS

"We recently ran a hand sample of 200 persons who had used Tie-Line during the last year," says Ms. McGough. "Over 90 percent found the service helpful. Eighty percent rated Tie-Line good to excellent. Comments we received from the sample reflected what Tie-Line is really all about. It saves time and money. Many persons felt that it was comforting to know that there was a place to turn to where they would not get the bureaucratic runaround."

And while Tie-Line's purpose is to find information at least one small Georgia girl used Tie-Line as a mediator.

She called from the beach one day last summer and asked the Tie-Line counselor for help. Her mother had told her she had to wear a life preserver while swimming. The little girl felt she didn't need one. What did Tie-Line think? The counselor explained the reasons for wearing a life preserver. The little girl seemed to understand, thanked the counselor, and—hopefully donned her life preserver.

In Georgia, Tie-Line has been the fast answer for many a citizen's question.

"That's the basic reason for a centralized information and referral system," says Tie-Line director Richard Harris. "All of us know about the frustrations of trying to get information from large government agencies. You're given one number after another to call and all seem to be the wrong ones. Many people just give up. I really believe Tie-Line has made a difference."

Tie-Line, a part of the Georgia Department of Human Resources, was developed in 1973 with a 2-year grant from HEW. It was the first centralized statewide system in the Nation.

Basically Tie-Line works like this: Georgians needing information from any State or private agency can call directly on the toll-free WATS line into the Tie-Line center in Atlanta. Seventeen counselors man the phones from 8:00 a.m. to 8:00 p.m. 5 days a week.

A listing of more than 10,000 service agencies and information resources in the State are maintained on a microfiche data bank. After learning the client's need the counselor calls the service or information agency on an outgoing WATS line. The counselor then links the client to the agency by an electronic bridge so that it is possible for all three to talk on the same line. This bridging process is what makes Tie-Line unique. A counselor can put the client through to the agency anywhere in the State immediately.

If the client needs to talk to another agency the counselor can break that bridge and make another call while the client is still on the line. This saves time and money for everyone.

"Approximately 215 calls a day come into Tie-Line," says Dixie McGough, assistant director of Tie-Line. "About 35 percent are consumer calls. Lately though, we've been seeing an increase in calls from persons needing legal services and from people looking for employment."

Ms. McGough, who has been with Tie-Line from the beginning is proud of the statewide service. She is particularly pleased that deaf and hearing impaired persons can call Tie-Line through a specially equipped teletypewriter (TTY).

The TTY is a rebuilt Western Union teletype machine with a special hookup for the telephone receiver. A deaf person makes a phone call by placing his phone receiver in the TTY hookup and dialing the number. An electronic signal tells the Tie-Line counselor that this is a TTY call. The counselor then types out the response on the machine and that message is typed on the deaf person's teletypewriter at the same time.

During the past 2 years Tie-Line has worked with Georgia television stations in statewide audience participation programs. Viewers wanting information or with questions or persons needing help were given the Tie-Line number to call.

Celia Gettle is Director of Public Relations and Information, Georgia Department of Human Resources. Sandra Matthews is Senior Public Relations and Information Specialist.

SRS NEWSLETTER
for the staff of the
Social and Rehabilitation Service

Volume 8 – No. 10 • September 1975

Refugee Stream Continues

The refugee resettlement stream continues.

Between May and August 28 more than 82,628 Vietnam and Cambodian refugees–well over half of the total influx–have been resettled in the United States.

The U.S. released 6,025 of the refugees to other countries.

Still awaiting entry into the U.S. from Guam and in the Pacific are less than 2,000 refugees; in the U.S. resettlement centers are 43,586. Centers breakdown: Fort Chaffee (Ark.), 19,666; Camp Pendleton (Cal.), 13,778; Indiantown Gap (Pa.), 8,668; and Eglin Air Force Base (Fla.), 1,474.

Each adult refugee is issued an I-94 card which identifies the holder as a legal alien with authority to work. In two years, the refugee may seek to change his status to permanent resident and to begin the procedure leading to citizenship.

Traditional voluntary agencies are responsible for the actual resettlement of the refugee families. They locate sponsors who make a moral commitment to do everything possible to help a refugee family from the moment it arrives in the community until such time as the family is self-supporting.

Fifty-two percent of the refugees are male, 48 percent female; children up to 17 years old make up 46 percent and adults 18 and over total 54 percent. There are approximately 35,000 heads of household. Vietnamese total 93 percent of the refugee population while Cambodian and others from Indochina total 7 percent.

"In any large-scale refugee resettlement program," said Fred Schutzman, former SRS Coordinator for the refugee welfare program, "some refugees are expected to seek aid from State agencies."

Resettled refugees are turning to public assistance at a lower rate than for native Americans. Based on preliminary information, (as of July 16, 1975) 4,814 refugee adults and

(Continued on Page 3)

Rn. Schmid, Dr. John and Rn. Roulston

Health Unit Promotes Top Fitness

Can you deliver a full day's work while fighting off a flu bug or suffering with a toothache or beginning to feel the symptoms of some more serious ailment?

"Good health and good work go together," said Dr. James E. John, SRS Health Unit Physician.

Occupational health services are not

(Continued on Page 6)

H.F. Wienberg New AAIS

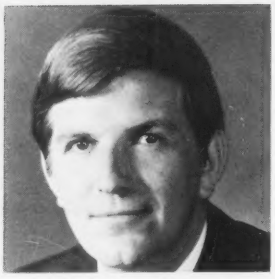
Harold F. Wienberg is the new SRS Associate Administrator for Information Systems.

He replaces Charles M. Sylvester, former Acting Associate Administrator and now Assistant Administrator.

Mr. Wienberg, whose background is predominately in the information systems field, came to SRS from the Executive Office of the President. He served in the Office of Telecommuni-

(Continued on Page 8)

Secretary Stresses Common Theme



Secretary Mathews

During the swearing-in ceremony attended by President Ford, Secretary David Mathews said:

". . . Despite the great variety of programs and agencies that make up the Department there must be some common theme, some unifying idea that will give focus to our work and character to the part we are to play.

"Perhaps it is in our responsibility for the preservation and development of the human resources of the country—to borrow a bit from an analogy to others for our natural resources."

Secretary Mathews added: "Certainly it is the oldest of bromides to say that the strength of the nation is, ultimately and basically, in the people—particularly in their self-reliance. But the saying still has an indisputable wisdom to it.

"Mr. Jefferson, even as a fierce champion of limited government, argued that 'the care of human life and happiness . . . is the first and only legitimate object of good government.' "

Mr. Mathews is the youngest member of President Ford's Cabinet at 39 years old. Mr. Ford said: "He brings to his HEW mission the strength of youth, a sense of purpose, the skills of a scholar and the tested record of a successful leader and administrator."

The President also praised out-going Secretary Weinberger as "a tirelessly hard worker and leader of uncommon ability."

Acting Deputy Administrator John C. Young presented a plaque to Mr. Weinberger on behalf of SRS employees for his support and guidance in improving the delivery of service to the "truly" needy.

Having served as HEW Secretary since February 1973, Mr. Weinberger urged HEW employees to "give my successor the same high degree of assistance and cooperation that has helped me carry out my duties as Secretary during these last two and a half years."

Mr. Mathews, whose appointment was confirmed on July 22 without dissent, drew warm praise from Senate leaders of both political parties.

Former President of the University of Alabama for six years, Mr. Mathews has written for or has been written about in publications ranging from the Educational Record and the Alabama Historical Review to Southern Living and Saturday Review ("New Beat in the Heart of Dixie"). He authored "The Old South and the Young Southerners" and "The Role of Colleges and Universities in the Redevelopment of the Rural South," among others.

An ex-infantry officer, Mr. Mathews was born in Grove Hill, Ala., where he married the former Mary Chapman. They have two children: Lee Ann, 14; and Lucy McLeod, 11.

Dental Insurance Plan Announced

A new voluntary Dental Insurance Plan is being made available to employees of the Federal Government. It includes:

* A benefit schedule, letting you and any dentist you choose know in advance just what the plan pays.

* $25 calendar year deductible per insured family member.

* $1,000 calendar year maximum benefit per insured family member.

* Charter members will have benefits start the first day of the month following receipt of application and premium—except for orthodontics (braces) which begin six months later.

As an additional benefit, the Plan includes $2,000 group term life insurance on employees to age 60. Life insurance benefits reduce to $1,000 at age 60. All insurance benefits cease upon reaching age 65 or retirement, whichever is later.

The charter enrollment period for the program ends October 15, 1975. Insurance will become effective on September 1, 1975, provided 1,000 participants have enrolled by that time.

Participation automatically qualifies SRS employees as members of the HEW Employees' Insurance Association, as is the case in all other insurance plans. No membership fee is required.

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ERNEST L. MATTHEWS, *Editor*

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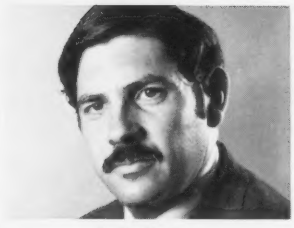
Regional Roundup

Region II:



L.B. Katz

Louis B. Katz, Chief of SRS's Special Initiatives Unit in Region II, has been awarded an Equal Employment Opportunity Award for "effectively domonstrating in practice the principles and philosophy of equal opportunities for employment."

Fifteen of the 49 new positions allocated to Mr. Katz's unit have been filled. Seven positions (or 40 percent) were filled by members of minority groups.

He was the only SRS Regional Office Supervisor to receive the SRS EEO Award in FY 1975. The recognition is based on objective evidence that the Supervisor has excelled in motivating employees to develop their full potential, in achieving effective employee utilization and in demonstrating sensitive treatment of all employees and applicants.

The citation reads: "In each instance, however, it took a great deal of initiative on the part of Mr. Katz in order to search out candidates, discuss with them the nature of the position and obtain the right match of the capabilities of the individual with the particular positions that were available."

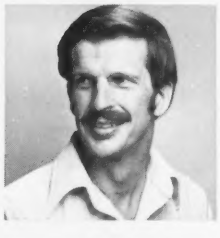
Region X:

Ester Maguire, SRS Administrative Officer since the Region was established in 1970, recently retired.

Her successor is Phyllis Von Wolffersdorff.

Miss Maguire's Federal career began in 1937 with the Social Security Board in Washington, D.C. She went to Region IX in 1942 to continue service with the Bureau of Public Assistance which later under SRS became the Assistance Payments Administration.

On to Princeton



Rod Locklear

Dan Lewis

Rod Locklear and Dan H. Lewis have had their days on campus but they are looking forward to Princeton University with great anticipation.

The one-year educational experience as a Woodrow Wilson School Fellow, both agreed, should enable them to do things better and bigger when they return to their SRS desks.

The Fellowship runs from August 1975 through June 1976, at which time they will return to SRS.

Both are Government career senior level GS-14 employees.

A Regional Implementation Representative in the Office of Field Operations, Mr. Locklear's SRS duties involve providing SRS Regional Commissioners in Dallas, Kansas City and Seattle with assistance on program management, intergovernmental operations and Federal-State-local relationships.

Dan Lewis is a Program Analyst in the social services program area within OPRE. His most recent assignment included developing objectives and management planning for CSA.

Previously, Mr. Lewis spent two years as Special Assistant to the Associate Administrator for Field Operations, working with Regions in their planning systems and management. He joined HEW as a management intern in 1968.

Refugees *(Continued from 1)*

children now are receiving cash and medical assistance in 27 States. They represent about 9 percent of the 52,000 refugees who had already moved from reception centers to U.S. communities at that time.

HEW reimburses the States for 100 percent of refugee costs for cash assistance for medical services and for non-cash assistance (social services).

Nationally, about 25 million Americans now are receiving welfare cash, medical or social services—roughly 11 percent of the total population.

Due to funding problems, some destitute American citizens and their dependents from Vietnam and Cambodia had not been able to leave the resettlement centers for their final destinations. Recently money was made available to assist them.

More than 125 locally-hired and temporary persons funded by SRS continue to work at the four centers. There are six SRS staffers currently on site at three centers. A cumulative total of 140 SRS staffers had been involved in the resettlement process at the centers.

Medical Services

Commissioner Weikel

To carry out its mission and goals—that is, to provide quality medical care for the eligible needy at economical cost—MSA is organized into six divisions.

Three are devoted to special problems and three to general processes.

Every division is composed of "branches" or "sections," each responsible for specific functions of the division, each headed by a branch chief and staffed by several professionals and a smaller number of secretaries or clerical assistants.

Commissioner M. Keith Weikel is directly assisted by three Associate Commissioners who provide advice and aid both to the Commissioner and the Division Directors in the areas of planning, management and Regional operations.

The three Associate Commissioners are Thomas Laughlin, Jr., Operations; Lucille Reifman, Planning; and Dr. Paul R. Willging, Management.

Divisions and Directors: Program Planning and Evaluation, Michael Samuels; Long-Term Care, Frank C. Frantz; Policy and Standards, Henry Spiegelblatt; Program Monitoring, John D. Rice; Early and Periodic Screening, Diagnosis and Treatment, Beatrice Moore; and Utilization Control, Robert Silva.

Joanne L. Spalding is Secretary to the Commissioner.

Priorities having been identified, the major concerns of the Medical Services Administration over the next two years involve fraud and abuse, EPSDT, improved management, utilization control and Medicaid cost control.

"By no means are these all of MSA's concerns, but they are the major ones," said Commissioner Weikel. "These priorities reflect the dichotomy of the Medicaid program. For instance, it is imperative that high quality care be provided to eligible persons and yet it is equally important that this care be given in the most efficient, economical manner possible."

Dr. Weikel (PhD) reviewed MSA's priorities in the following order:

* The problem of detecting and preventing fraud and abuse in Medicaid is being addressed by greatly expanding the staff in this area. The staff will be charged with designing an effective national fraud system which will encourage and monitor State prevention and detection efforts.

"Fraud and abuse—particularly by providers of health services—is a source of both waste and unpopularity," said Dr. Weikel.

* The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is being given additional emphasis. Implementation will be speeded up in the continuing effort to achieve the program's promise of giving children a healthy start in life.

* Administrative and management procedures must be revamped in order to better assure quality of care and control program costs which are presently increasing by more than $1 billion a year.

* Emphasis will be placed on encouraging alternatives to long-term nursing

Wilma Floyd (l-r), Health Care Program Specialist (Fraud), Division of Program Monitoring; Ginger Hale, Health Care Program Specialist, Division of Long-Term Care; and Joyce Jackson, Program Analyst, Division of Program Planning and Evaluation.

Administration

care, such as adult day care centers and home health care services—in order to assure that long-term services are being utilized only by those in need of such a high level of care.

*"Best practices" by States will be identified through program reviews and additional States will be encouraged and assisted in implementing them in order to improve the administration of their programs.

Ten years old and serving some 25 million recipients annually, the Medicaid program is well established. It has achieved a major improvement in the health services available to needy Americans, at a current cost of $14 billion a year.

"MSA's major challenge today is to improve management of Medicaid," said Commissioner Weikel. "Therefore, one of our priorities is to enforce regulations to prevent unnecessary use of expensive forms of care under Medicaid, such as hospital and nursing-home care."

Dr. Weikel added that to achieve better management will be a cooperative effort. MSA is seeking to attain its goal by working closely with the groups that have front-line administrative responsibility for Medicaid, State Medicaid agencies and private health service providers.

Medicaid is a Federal/State partnership of health financing for poor Americans who fall into certain eligible categories. The program is State-administered under Federal guidelines and the cost of providing care is shared by both the States and the Federal Government.

MSA has the responsibility for the administration of Medicaid at the Federal level.

Division of Utilization Control: (l-r) Analysts Michele McManus, Izanne Leonard and Bill Williams.

Division of EPSDT: (l-r) Mary McPherson, Madeline Pospur and Andrea Warren, all Health Care Program Specialists.

Personnel Matters

If you're fairly new to SRS or if you've recently been selected and placed in a new position you've probably asked yourself the question: How well am I doing?

I wonder how my boss thinks I'm doing.

These are good questions and you're entitled to know the answers.

Appraising an employee's performance is a responsibility of the supervisor. It must and will be done on a continual basis.

This does not mean that your supervisor should formally sit down with you every day to go over all aspects of your performance. But he or she will tell you when you've done a good job and should also tell you those areas that need improvement. Your supervisor is also obligated to help you improve your weak areas.

At least once a year your supervisor is required to complete a formal annual appraisal of performance on you.

Simply stated: this is a rating of how well you have performed on a variety of tasks over a specific period of time.

Some of the tasks you will be rated on include how well you apply the knowledge you have about your job, how well you function with other individuals and how much initiative you have for starting and completing an assignment.

A complete listing of these items and the explanation of the rating scale may be found on the appraisal forms.

The Department is currently using two forms: the HEW 623T for clerical employees and the HEW 624T for non-clerical employees. Of course, the idea behind appraising an individual's performance isn't absolute, rather, it's a tool; it's an important tool, however, because it is designed to do several things. Some of the more important are:

* To help in deciding who should be promoted. Past performance has long been considered important when considering how well an individual is likely to perform in a position for which he or she is a candidate. Appraisals are required for promotion under the merit promotion plan and usually weigh quite heavily as part of the evaluation process.

* To discover weakness as a basis for planning training and to uncover exceptional talents.

How often are appraisals given and who receives them? If you are new to the Federal Government serving a probationary or serving a trial period and you are a GS-1 through 13, you will be rated by your supervisor at the end of nine months.

Employees who have completed the probationary period will be rated at least once a year after the nine-month rating and once a year thereafter. If you move to a job you should be rated one year after the position change and each year thereafter. Any GS-14 or above may receive an appraisal of performance on an "as needed" basis.

After preparing your appraisal form your supervisor should discuss it with you. You should also be given a copy for your personal records.

If you don't have a copy of your most recent appraisal and you desire one, contact the Personnel Office and we will see that you get it.

—Jim Shields

Health Unit *(Continued from 1)*

created as a fringe benefit, explained Dr. John, though they may be so considered by those who benefit from them. Rather, they exist to keep employees at their top level of efficiency. They exist in order to extend what has been called the "productive longevity" of the employee.

"When this is done," said Dr. John from his Health Unit desk, "the results are savings in sick leave and increased productive time spent on the job."

The SRS Health Unit, one of many established by the Division of Federal Employee Health, USPHS, throughout the country to help promote the physical and mental fitness of Government employees, is open to employees 8:30 a.m. to 5 p.m. on work days.

Two experienced and well-liked Registered Nurses, Vera Schmid and Jane M. Roulston, are always on duty. They are supported by Ruby Gunter, Secretary; and Desarie H. Jones, Health Unit Aide.

Among the services provided in the Switzer Building for approximately 900 SRS employees are:

* A periodic medical examination
* Emergency treatment of illness or injury on the job
* Referral as needed to private physician or dentist
* Health guidance and counseling
* Periodic testing for early detection of chronic disease or disorders such as diabetes, visual defects, glaucoma, female cancer detection
* Health advisory services to management

One of the most popular items in the modern, well-equipped Health Unit is the scale.

Fellow Finds SRS 'Enlightening'

Dr. Woodward

Dr. Maurice C. Woodard has been assigned his last major task in SRS before returning to his Associate Professorship at Howard University in the fall.

A political science academician by training and a public administration practitioner, Dr. Woodard joined SRS in September 1974 under a one-year NASPAA Fellowship–National Association of Schools of Public Affairs and Administration.

Now with MSA's Executive Staff, he has conducted research for an issue paper which would require States to have health education programs for Medicaid recipients.

All States do not agree. "If it is true that there is improper utilization of Medicaid resources which has resulted in huge wastes of dollars and other scarce resources–and if it is true that Medicaid recipients could learn to use the system more economically," said Dr. Woodard, "then it would be worthwhile undertaking health education activities as a Medicaid priority." He has reviewed many other SRS programs for Ronald Schwartz, Assistant Administrator for Legislation, his mentor under the NASPAA Fellowship. Dr. Woodard's experiences with the staff of the Office of Legislation "have been highly professional and enlightening."

One of his most interesting assignments has been his work dealing with the "Cuba (New Mexico) Checkerboard" project.

Dr. Woodard co-authored an article on the foregoing project with Drs. Mike Samuels and Helen Martz.

"It has been a wonderful learning experience for me," said Dr. Woodard, son of a minister. "In a way I regret leaving in September because there are other Cuba projects and there will be many more through SRS."

Dr. Woodard earned his B.A. degree from Prairie View College, Texas, his native State, and earned his Ph.D., from the University of Kansas in 1969. He has authored ten articles dealing with various facets of public administration, welfare and education policy, equal employment opportunities and the American political system. His dissertation was entitled "The Political Process of Sound Welfare."

Moving Ahead

(A monthly column on information, training and opportunities)

"I have a sincere interest in the careers of women in SRS and therefore I am formalizing and strengthening the Council," said Acting Administrator Svahn in a recent memorandum.

The SRS Women's Council for several years has been functioning in SRS without charter or official mandate.

Now it will be the responsibility of the Council–functioning through the Federal Women's Program Coordinator–to express opinions of SRS women employees.

Mr. Svahn requested that in the near future the Council and FWP establish procedures for effective constitution and operation of the Council.

"We are encouraged," said Chairperson Talley, "that Mr. Svahn has given the Women's Council official recognition. Council members can provide valuable perspectives on the situation and concerns of SRS women. We look forward to sharing ideas and opinions with Pat DeGurse, the SRS Federal Women's Program Coordinator, who is responsible for the Program in this Agency.

"Strengthening the role of the Council," added Ms Talley, "is an important step in the development of a program for women. It will, however, be a useless step unless top management provides the resources needed for vigorous implementation of the SRS Affirmative Action Plan."

It is expected that the Council will provide inputs into Affirmative Action Plans; seek skills training relevant to women employees; and seek a program for increased consciousness-awareness of managers and supervisors.

The "Orientation to Personnel Procedures" course being given to supervisors and managers by the Division of Personnel has had an attendance of 30 percent women.

The Council will now consist of seven SRS employees to represent four Associate Administrators and three Bureaus.

They are Penny Pendell, OPRE; Modestine Andrews, OIS; Mildred Standifer, MSA; Helen Hamer, CSA; Georgie Robinson, OM; Irene Thomas, APA; and Catherine Jennings, OPRE.

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Wienberg

(Continued from Page 1)

cation Policy where he was responsible for the development of policies, coordination of programs and the review of Federal Government use of telecommunications.

Also during the past year Mr. Wienberg has served as the United States representative to NATO for telecommunications policy and emergency planning. He will continue these duties.

Known by many as "Bud," Mr. Wienberg studied civil engineering at Rutgers University and received a B.S. in industrial management from the U.S. Air Force Institute of Technology.

He served 17 years of continuous duty as a regular flying officer in the Air Force, flying propellar-driven and jet fighter and reconnaissance planes. Mr. Wienberg later directed the Nation's first operational satellite, controlling a data exploitation system costing approximately $150 million annually.

More recently he served as Division Vice President of United Aircraft Corporation and as President of a management consulting firm.

Listed in the "World Who's Who in Finance and Industry" and "Who's Who in the East," Mr. Wienberg, 51, lives in Annapolis, Md., on the Magothy River with his wife, Rita; his sailboat and dog. Four grown children are divided between native Farmington, Connecticut; Virginia and California.

Acting Administrator Svahn and CSA Commissioner Young (center) presented length-of-service certificates to (l-r) Rueban W. Fradkin, 20 years; Catherine M. Miller, 20 years; F. Joyce Fernandez, 20 years; and John W. Betit, 10 years. Other awardees include Elizabeth Chief, 40 years; Mildred W. Clark, 30 years; Ludwig Guckenheimer, 10 years; Kendrick R. Lee, 10 years; Barnett Perler, 30 years; Jeanne C. Pratt, 10 years; Gerald Solomon, 30 years; and Mary M. Steers, 30 years.

HOW TO

Do a Better Job of Managing the AFDC Program

The Assistance Payments Administration of HEW's Social and Rehabilitation Service is acting as a clearing house for reporting on ways in which States have moved to improve management of their Aid to Families with Dependent Children (AFDC) programs. A number of these "How They Do It" reports now have been published and are available without charge.

"How They Do It" publications include:

Managing the Intake Process in Income Maintenance—*Minnesota, Washington.*

Photo I.D.s—*New York.*

Supervisory Review of Case Actions—*New Mexico.*

Work Measurements and Workload Standards as Management Tools for Public Welfare—*Michigan.*

Child Support Payments Control—*Massachusetts and Washington Bank*

Distribution (of Assistance checks)—*Pennsylvania and Nassau County.*

State Monitoring of Local Office Performance—*Maine, Washington.*

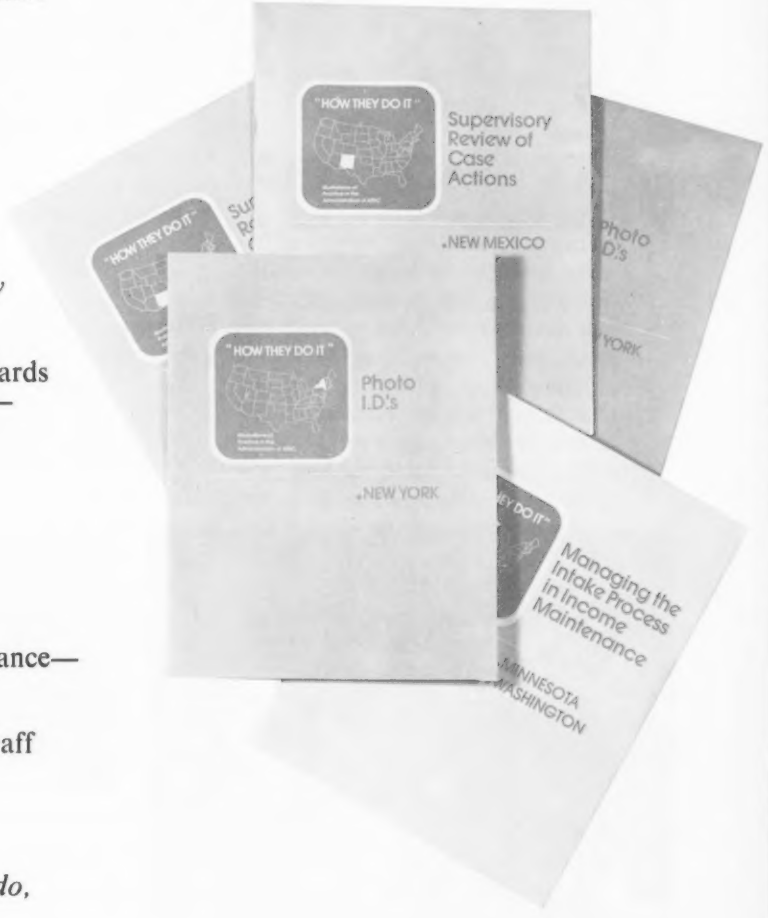
Managing a State Income Maintenance Staff Training Program—*Florida, Texas.*

Fraud Control—*California, New York.*

Wage Record Clearance Systems—*Colorado, Oklahoma.*

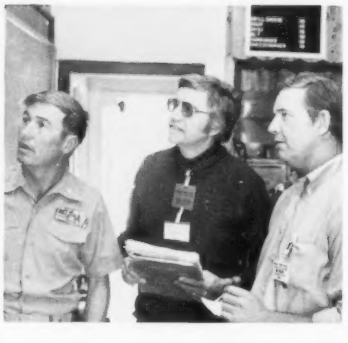
Recipient Response Forms Utilized in AFDC—*Selected States.*

Use of Error Profiles and Management Controls for Improving Program Operations—*West Virginia*



For copies, write:

Assistance Payments Administration
State Systems Management Division
Social and Rehabilitation Service, DHEW
Room 1232-B
330 C Street, SW
Washington, D.C. 20201



An SRS-State effort

Resettling Vietnam Refugees

JOHN A. SVAHN

A new partnership between the States and the Federal Government has just come into being. This partnership, however, is a limited one—limited to the 131,000 Vietnamese and Cambodian refugees now sheltered in the Nation's four military reception centers and in the Pacific (Guam) or already out in American communities with local sponsorship. HEW and its Social and Rehabilitation Service assumed major roles as soon as the refugees left their homeland for the United States.

It was on April 18, 1975, that we went to work within the Federal Interagency Task Force and set up the procedures to receive, process, and meet the basic physical and social needs of these unfortunate people. At its height, SRS stationed 135 staff members (including the Deputy Administrator and three SRS regional commissioners) in the four mainland reception centers.

The start up of refugee processing in the reception centers was slow and painful—particularly the necessary screening and then the critical function of finding Americans who would sponsor refugee families and individuals in their own community. There was an encouraging initial response from potential sponsors, but some of that tended to be emotionally based. (There was, for example, the well-meaning American woman who volunteered to sponsor a refugee family of eight. The only problem was that she lived in a one-and-a-half bedroom apartment!)

As I viewed the entire process of refugee movement from entry into this country to final settlement as independent and capable family units, one of the most massive tasks—conducted by participating voluntary agencies—was to investigate every one of the potential sponsors.

Now, SRS and the States have entered into a new phase of concern and care for these refugees.

It began when we announced June 9 that HEW will provide 100 percent reimbursement to States for welfare, medical assistance, and social services for Vietnamese and Cambodian refugees who need such help after they have been resettled in American communities.

Purpose of the policy is to prevent refugees from becoming a burden on State or local resources when a resettlement plan breaks down and a refugee may have to turn to a State agency for help or preliminary advice.

We took this action under the Indochina Migration and Refugee Assistance Act of 1975 (signed by President Ford on May 24). Under the act, $405 million was appropriated for Vietnamese and Cambodian refugee costs, of which $100 million was appropriated to HEW to cover initial medical treatment and screening, education, welfare, and health costs on behalf of the refugees.

The refugees are being resettled by national voluntary resettlement agencies or by State or local governments, and have or will have sponsors who undertake to provide shelter, food, and help in finding employment. In any large-scale refugee resettlement program, we expect some refugees to seek aid from State agencies. In those instances, public assistance, medical assistance, and social services will be made available by the States, using 100 percent Federal funds.

Within HEW, responsibility for the refugee welfare program is assigned to the Social and Rehabilitation Service by Congress as a temporary refugee assistance program with limited funds. In our June 11 announcement, I pointed out that "the States now manage a $25 billion a year Federal-State public assistance system, and the States represent the best means of carrying out this special program."

In recent instructions to the States, we also issued the following guidelines:

■ Unlike the Aid to Families with Dependent Children program (AFDC), assistance will be provided to eligible refugees on the basis of need whether or not children are involved. This is to prevent a needy refugee from becoming a burden on State or local

resources regardless of the composition of the family.

- States must verify that a sponsorship has broken down before cash assistance can be provided. They must also notify the resettlement agency so it can try to find another sponsor.
- In order to avoid a breakdown in sponsorship, medical assistance would be provided when major medical needs arise which a sponsor is unable to meet even though he can continue his other efforts on behalf of a refugee family.
- If a State finds that refugees in a community apply for welfare shortly after arrival, the State must immediately inform an SRS Regional Office, which will work with the voluntary resettlement agencies to prevent a recurrence.
- The amount of cash assistance to the eligible refugees will be the same as that paid by the State to its American AFDC recipients.
- In order to speed up the welfare process, States can issue the first cash grant on an emergency basis.

The 100 percent Federal reimbursement policy will include the States' administrative expenses, within certain limitations.

Just who are the refugees from Indochina? Here is a quick "profile," as of August 28, 1975:

Refugee Total: 135,403
- at Guam and other Pacific staging centers — less than 2,000
- released to other countries — 6,025
- 4 U.S. relocation centers — 43,586
- resettled in U.S. communities — 82,628

Refugee Characteristics (derived from sampling):
- *Sex:* male — 52 percent; female — 48 percent
- *Age:* children (up to 17 yrs.) — 46 percent; adults (18 and over) — 54 percent
- *Nationality:* Vietnamese — 93 percent; Cambodian and other — 7 percent

Heads of Household: 33,000 (estimate)

Major locations of sponsored refugees (as of August 1975):

California	14,517
Texas	4,334
Florida	3,608
Virginia	2,261
Washington	2,209
Minnesota	1,899
New York	1,895
Pennsylvania	1,852
Oklahoma	1,747
Hawaii	1,666
Illinois	1,616
Maryland	1,416

We have the residual responsibility for the health and welfare of these 135,000 refugees from Indochina should their sponsorship break down. However, I don't believe there will be excessive breakdown resulting in the need for meeting their needs through the Federal/State welfare system. Most of them speak English well enough to assimilate into the American community and many are skilled or professional people.

But, for those whose sponsorship does break down, the Nation is ready with a firm Federal/State program to provide for basic needs (Aid to Families with Dependent Children), for medical needs (Medicaid), and for a wide variety of special helps (social services).

We receive many questions on the Refugee program. Here are answers to some of them:

What is a Sponsor?

A sponsor may be an individual, a family, a church, a service or other organization, or a business firm which has made a moral commitment to do everything possible to help a refugee family from the moment it arrives in the community until such time as the family is self-supporting. The sponsor provides (or arranges for) shelter, food, counseling, job-seeking and assimilation into American life. In so doing, the sponsor has the cooperation of a voluntary agency.

What is the role of the voluntary agencies?

The traditional voluntary agencies are responsible for the actual resettlement of the refugee families. They locate sponsors, investigate the willingness and capability of sponsors to undertake the necessary commitment, interview families and attempt to match sponsors and families in the most felicitous arrangement. Voluntary agencies also stand ready to assist sponsors financially (with funds made available to them under the terms of their contracts with the Federal Government) and to find secondary sponsors in the unhappy event that the original choices do not work out.

What is the role of State and local governments?

State and local governments also may act as sponsors by indicating how many refugee families they believe they are in a position to assist. Federal funds were made available for this purpose to provide the same sum per resettled refugee as is given to the voluntary agencies ($500 per person).

What is the legal status of a refugee in the U.S.?

The refugees from Indochina are entering as "parolees," under Section 212 (d)(5) of the Immigration and Naturalization Act. INS is issuing each one an I-94 card which identifies the holder as a legal alien with authority to work. In 2 years, the refugee may seek to change his status to permanent resident and to begin the procedure leading to citizenship.

How much of the $100 million is set aside for State welfare costs for the refugees?

Roughly $65 million, to cover the May 1975-June 1976 period.

Who are the voluntary agencies aiding refugee resettlement?

U.S. Catholic Conference
Migration and Refugee Services
1312 Massachusetts Avenue, N.W.
Washington, D.C. 20005
(202) 659-6625

American Fund for Czechoslovak Refugees
1709 Broadway
Room 1316
New York, New York 10019
(212) 265-1919

Church World Service
Immigration and Refugee Program
475 Riverside Drive
New York, New York 10027
(212) 870-2061

Lutheran Immigration and Refugee Service
315 Park Avenue, South
New York, New York 10010
(212) 677-3950

United HIAS Service, Inc.
200 Park Avenue, South
New York, New York 10003
(212) 674-6800

International Rescue Committee
386 Park Avenue, South
New York, New York 10016
(212) 679-0010

American Council for Nationalities Service
20 W. 40th Street
New York, New York 10018
(212) BR 9-2715

Tolstoy Foundation
250 West 57th Street
New York, New York 10019
(212) 247-2922

Other agencies aiding resettlement:

Travelers Aid-International Social Services
345 E. 46th Street
New York, New York 10036
(212) 687-2747

American Red Cross
(any local chapter)

Numbers to call for offer of sponsorship:

(800) 286-1180 (Toll-free number)
632-9800 — for Washington area local calls

Mr. Svahn is Acting Administrator, Social and Rehabilitation Service.

Revenue Sharing: Source of More Program Funds for the Disabled and Others

PAULA HAMMER and THOMAS M. UHLMAN

In Placer County, Calif., an adult activity and training center received $25,700 in operating and maintenance support. In San Diego, over 40 human care service agencies were allocated 1.4 million dollars. The California League for the Handicapped was given $35,000 to establish a transportation system for blind and handicapped San Franciscans. And in Fresno, Calif., three activity centers and an infant stimulation program received $110,000 in funding last year. These projects have one important similarity. In all four, developmentally disabled citizens were directly aided by Federal moneys from the *general revenue sharing* program.

"Success stories such as these today are few and far between. However, with an expanded information base, adequate planning, and leadership, the potential benefits of the revenue sharing program for the developmentally disabled are almost unlimited. State developmental disabilities councils and, in particular, their regional components are in a position to assume a catalytic role in providing this information, planning, and leadership to local, regional, and statewide groups serving the developmentally disabled.

Scope of Act

The State and Local Fiscal Assistance Act (P.L. 92-512), more commonly known as the General Revenue Sharing Act, became law in 1972. It outlined a 5-year program during which $30.2 billion in Federal revenues would be returned to State and local governments for locally determined allocation.

The program is based on the belief that State and local governments are more aware of and sensitive to their own needs and priorities than is the Federal Government. Therefore, a general policy decision was made returning a significant portion of Federal tax revenues to local units of government. In turn, the localities would then be able to allocate the funds with very few restrictions. The reality of huge financial difficulties facing many local units of government provided impetus for this plan.

To realize its potential, however, requires considerable effort by community organizations. Formerly, agencies could wait for political battles to be waged in Washington. But now the arena of influence has shifted from the national level to the city council chamber or county commissioner's office. Service agencies, organizations, and regional developmental disabilities councils have the opportunity for direct and immediate influence on allocation; but they must support, justify, and defend their needs in an essentially political forum.

Councils should also become familiar with revenue sharing because of the implications the program may have on future funding. The General Revenue Sharing Act represents the first in a series of legislative initiatives based on a revenue sharing approach. Two special revenue sharing bills were enacted by the 93rd Congress: The Comprehensive Employment Training Act and the Housing and Community Development Act of 1974.

At this point, it is difficult to predict how effective or permanent the movement toward a broader and more all-encompassing revenue sharing concept will be. But because the revenue sharing program already is a significant source of funding and may very well be even more important in the future, council members and staff should know about the program and its possibilities. Part of this knowledge is an awareness of and sensitivity to the facts, opportunities, and potential rewards of the general revenue sharing program.

Allotment of funds

The program will continue at least through 1976. Advance appropriated funds are released automatically by the treasury and they total $30.2 billion. Disbursement is made from a special trust fund, and quarterly payments are forwarded directly to local governments. Allocation factors include population, urban population, inverse per capita income, and tax effort.

Once determined, the State allotment is subdivided, with one-third going to the State governments and the remainder distributed to over 38,000 units of government within the States. Substate levels receiving money include counties, townships, and municipalities (cities). A formula similar to the one used with States is utilized to divide local shares between and within counties. Governments receive payments based on their size (population factor), their need (inverse per capita income factor), and their effort in meeting their own needs (tax effort factor).

Expanded information base, more adequate planning, and leadership can make better use of the Revenue Sharing Act.

Requirements and restrictions

Funds received by State governments can be spent on any authorized capital expenditure (construction, purchase of equipment, etc.), or used to meet current maintenance and operating costs (staff salaries, overhead costs, supplies, etc.). Local governments are also given the flexibility to spend on necessary capital improvements, however, they must work within broad categories for money spent to cover program maintenance and operating costs.

Eight "priority expenditure categories" for these maintenance and operating items are outlined in the act (social services for the poor and the aged, health, public safety, environmental protection, recreation, transportation, libraries, and financial administration). Local governments may select any or all of these categories for funding. The Office of Revenue Sharing has demonstrated some flexibility on the placement of project proposals within these categories and generally upholds the local decisionmaking body's determination.

Even though allotments are accounted for separately, the appropriation, budgeting, and utilization of these funds must conform to the procedures followed with all other revenues and expenditures of that unit of government. In effect, this means that if in the normal budgetary process public hearings are held, departmental recommendations are published preliminary proposals are offered for public comment, these steps must also be taken when revenue sharing money is considered. In San Francisco, for example, the mayor held hearings to gauge public sentiment on the use of revenue sharing funds. These hearings and the administration's own priorities were combined in a proposal presented to the county board of supervisors for approval. In New York City on the other hand, the city council makes the final determination on the use of all local funds and did so in the case of revenue sharing money. Advocates of the developmentally disabled, therefore, should know the mechanics of the local governmental process.

Recipients cannot use revenue sharing money to obtain Federal matching

funds. Also, State governments cannot utilize revenue sharing resources to replace and, therefore, reduce State aid to localities. And all units of government or projects receiving revenue sharing funds must comply with established civil rights and wage guidelines.

Since the program is designed to reduce Federal involvement, rather minimal efforts will be made in Washington to monitor local compliance with the general intent or the specifics of the legislation. With a small administrative staff of about 60, the Office of Revenue Sharing will be unable to make more than a handful of complete audits and will rely instead on randon "compliance checks." The primary device assuring compliance is the periodic certification by local officials that all funds are being spent in accordance with regulations.

This Federal "hands-off" policy allows citizens to monitor the program in their region. The act requires periodic reports detailing the intended and actual use of funds. These yearly reports give a rough indication of the local program's scope. Councils will want additional documentation, listing the specific projects funded. This information is available and open for public inspection.

The legislation neither requires nor prohibits citizen or community participation in the revenue sharing allocation process. In many areas, community groups, coalitions, and individuals have made their needs known through public hearings or by the submission of project proposals. These efforts have often led to substantial funding of projects often passed over by both State and Federal agencies.

Action suggestions

Unless councils act, the developmentally disabled will be overlooked. In the absence of public interest pressure groups, however, State and local governments have put less than 2 cents of every dollar into social services.

Actual Use Reports indicate major delays by both State and local governments in spending any of the initial funds allotted in 1972 and 1973. Less than half of the $6.6 billion disbursed was actually expended. Many State and local governments are taking advantage of the 2-year grace period for budgeting the funds by establishing high interest-earning trust accounts. Such spending delays mean that there is an opportunity to influence expenditure of past as well as the current and future entitlements.

To formulate and present budget requests in behalf of the developmentally disabled, one must analyze the State revenue sharing expenditures noting three key characteristics, *viz.*, categories of expenditure, proportion of expenditure for operating and maintenance vs capital, and percent of expenditure for new services. For example, of the revenue sharing funds actually expended by States through FY 1973, 65 percent went to education, but no more than 6 percent went to any other category. Moreover, States have heavily favored maintenance and operating expenditures (94 percent). Of these expenditures, less than a third went to support new services. Where possible, funding proposals should be tailored to fit a preferred pattern: if maintenance operating expenditures are more popular than capital costs, request staffing support not construction projects; if education proves to be a popular category, propose allocations to educational programs for the disabled. On the other hand, don't hesitate to call for a shift in general revenue sharing spending trends where necessary: document past general revenue sharing budget inadequacies in calling for more funds for human services, for the handicapped, and for new services.

Since the enactment of the Developmental Disabilities Act in 1970, councils have developed the information bases to assess the generic and the special human services in the States—both program components and funding resources. Councils have begun integrated service planning and evaluation tasks with the myriad of fragmented service agencies operating federally assisted State programs. Councils have a rare grasp of the often discontinuous maze of human service programs in a State—how they operate, finance programs, and relate to each other. It is essential that those making budget decisions have the benefit of this kind of comprehensive statewide perspective. Councils can propose realistic budget allocations for the disabled based on needs assessment, an understanding of the service system, and sensitivity to the implications of changes in Federal funding of human service programs.

Here are some suggested actions for councils to follow:

Know what's happening to revenue

sharing funds at the State level. What is your State's share? How is it spent to benefit the disabled? Include a review of State level revenue sharing funds in the State Plan section "Review of Other Federally Assited Programs." Build into your planning process the periodic monitoring of this important new resource. Appoint a council task group to report to the full council on the budget. Distribute the report to members prior to discussion at your meetings.

Take a position on the budget or lack of one (for those States delaying budgeting and earning interest on invested revenue sharing funds). Support proposed expenditures for public improvements. Endorse proposed grants to community facilities that will benefit the disabled. Oppose planned expenditures which violate council policies or standards. Propose additional budget expenditures to serve the developmentally disabled either under public auspices (public improvements or special adaptations to accommodate the disabled in the generic services), or through grants to private community service agencies.

The real opportunity for council leadership is in proposing new budget items. In developing proposals, councils can utilize the documentation of needs, priorities, and service gaps already prepared for the Developmental Disabilities State Plan. If the State needs assessment survey turns up one overriding statewide problem, emphasize the need for *State level* action and funds to address the problem, that is a top priority in every area of the State. In addition to reviewing project grant requests to be funded with developmental disability funds, a council can act as a clearinghouse to select out proposals that would be appropriately funded under the State revenue sharing program.

Systematic influencing activities should follow up the council's recommendations. Send your written recommendations and proposals for revenue sharing to the Governor, key State legislators, and the press. Invite key legislators and Governor's staff to meet with the council and discuss your recommendations. Plan for key decisionmakers to visit the project site and see the program in action. Present your proposals at pertinent hearings or committee meetings. Obtain letters of support from consumer groups, United States Congressmen, civic leaders, State leaders of both political parties. Use the media to take your message to the public. Describe the needs of the developmentally disabled and the council's proposals for revenue sharing expenditures in the media. Ensure that State council members (especially consumers) are actively involved in these tasks.

Like State governments, local units of government have been slow to budget their revenue sharing funds. The Treasury Department reports that by June 30, 1973, counties had spent 38.8 percent of their entitlements, cities spent 41.5 percent, and townships spent 49.4 percent. Local units of government concentrated funding in public safety, transportation, and environmental protection. Less than 2 percent of city and county revenue sharing expenditures went for social services.

A General Accounting Office (GAO) report, based on a survey of 250 local governments including the 50 cities and 50 counties that received the largest amounts of revenue sharing funds in 1972, reveals that programs for vulnerable groups with high service needs received little from general revenue sharing.

Unfortunately, most councils are accustomed to functioning only at the State level. Few councils have sufficient manpower (staff or members) to extend their involvement to the many substate local units.

Councils do, however, have resources or potential resources for functioning at the local level. Councils with a network of regional or local "mini" councils, have formal structures to relate to the local level. Other councils have at least informal local contacts with consumer groups, concerned individuals, and service provider organizations.

Councils also have a wealth of information about the needs of the developmentally disabled at the regional and local level. State surveys of developmental disability needs and services can provide data for local profiles of developmental disability priorities. Project grant requests to the council may provide useful information about existing and proposed local services. Where regional councils exist, regional needs assessment reports and priorites will reflect unique characteristics of individual areas.

The mechanics of local revenue sharing challenge councils to perform the catalytic, facilitating role so often referred to as the "glue that puts the fragments of the system together for the developmentallly disabled."

Developmental disabilities councils can put it together by *training* and *organizing* individuals at the local level to tap into general revenue sharing funds for the developmentally disabled. With this capacity building strategy, councils can move to organize a natural developmental disability constituency at the local level.

Some suggested actions for councils to follow:

Train local advocates to access revenue sharing funds for services to benefit the developmentally disabled. Present an overview of the General Revenue Sharing Act. Review the State council's report and recommendations on the State level revenue sharing budget. Explain how to investigate the local revenue sharing budget and the budget process. Develop simulation exercises for these fact findings tasks. Set up mock public hearings or town council meetings. Suggest ongoing monitoring procedures. (A monitoring instrument for use by local groups is available from the National Clearinghouse on Revenue Sharing.) Detail the tasks involved in applying for revenue sharing funds at the local level, including documentation of need, budget, narrative of service design, and evaluation, and invite someone who has received local revenue sharing funds for services to share his experiences with the group.

Organize the advocates to persuade local leaders to fund programs for the developmentally disabled. Organize task groups to collect information and continue monitoring the local allocation. Appoint committees to implement the group recommendations. Maintain communications with other interested local groups. Develop coalitions with other groups around a unified position (*i.e.* transportation programs should accommodate the aged and disabled).

Some State councils have already begun to decentralize and develop substate level manpower through regional or "mini" developmental disabilities councils. These States have an advantage in any activity requiring local involvement. In the case of revenue sharing activities, their regional staff and members can be mobilized as trainer-organizers of local groups. State councils may find their regional counterpart to be an efficient mechanism for reaching the many local units of government.

The training-organizing strategy can also be implemented by State councils without established regional or local counterparts. However, these councils will need to focus their activity initially on several key cities, towns, or counties. In selecting target areas, councils may consider special needs (*i.e.* sparsely populated rural counties) or known resources (active consumer or citizen groups).

DDTA can assist councils

The Developmental Disabilities Technical Assistance system (DDTA) is eager to help councils get involved. Assistance is available to help councils design a strategy for action and to identify individuals to carry out that strategy.

Alternative manpower resources for the council's action include professional consultants in revenue sharing, program people who have successfully lobbied for local revenue sharing funds, and the staff of national, State, and local groups, such as the League of Women Voters.

In addition, DDTA will continue to identify and develop training materials related to revenue sharing.

Ms. Hammer is Associate Director for Resource Development, Developmental Disabilities Technical Assistance System, Frank Poster Graham Child Developmental Center, University of North Carolina, Chapel Hill. Mr. Uhlman is a Research Fellow, Department of Political Science, University of North Carolina.

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Publications and Films

The editors of THE SOCIAL AND REHABILITATION RECORD regularly receive notification of the release of new publications and films of interest to readers.

Each issue of the RECORD will carry a selected list of these publications and/or films with brief descriptions of their contents.

Please address all inquiries and requests to the addresses given in this listing.

Chicano Content and Social Work Education. Marta Sotomayor and Philip D. Ortego y Gasca, editors. Council on Social Work Education, 345 E. 46th St., N.Y., N.Y. 10017. 94 pages. $4.50.

Here is a collection of position papers, all by Chicano authors, outlining the relationship between Chicano social welfare and social work education.

Topics taken under consideration include "Social Work Education and the Chicano Experience," "Social Change Needs of Chicanos: A Radical Perspective for Social Work Education," "Chicano Students and Social Work Education: A Personal Credo," and "Chicano Curriculum Design and Social Work Education."

Chicano social work education is still very much in its infancy, and, according to the authors, woefully inadequate. These essays, presented at a Chicano Faculty Development Workshop at San Jose, Calif., in 1973, aim to highlight the need for specialized social work education to meet the unique needs of the Chicano.

International Social Welfare Research and Demonstration. Elizabeth V. Watson, principal investigator, international project. Regional Research Institute in Social Welfare, School of Social Work, University of Southern California, Los Angeles, Calif., 178 pages.

Since 1961, the Social and Rehabilitation Service and its predecessor agencies, The Welfare Administration and the Vocational Rehabilitation Administration, have been supporting cooperative social welfare research and demonstration projects in a number of countries. This publication is a favorable evaluation of what has been learned from these studies and what benefit they have brought the United States.

The evaluation is organized under the headings "Social Welfare Problems," "The Family, Children, and Youth," "Social Welfare Planning and Social Policy," and "Training and Utilization of Social Work Manpower." In all 67 studies made in 7 different countries (Egypt, India, Israel, Pakistan, Poland, Tunisia, and Yugoslavia) are reviewed in terms of their effectiveness and relevance, and in a concluding note the author expresses the hope that the report will encourage further development of international social welfare research efforts.

Organization and Administration of Drug Abuse Treatment Programs. John G. Cull, Ph.D. and Richard E. Hardy, Ed.D., editors. Charles C. Thomas Co., 301-327 East Lawrence Ave., Springfield, Ill. 62703. 342 pages. $15.75.

Directed at both professionals and laymen, this text is a compilation of papers on public, private (nonprofit), and foreign drug abuse rehabilitation programs.

Programs ranging from the Chatham County, Georgia, Center for Drug Related Problems to the U.S. Army's Getting Straight House in Nurmburg, West Germany, are analyzed in terms of their funding mechanisms, administrative techniques, and rehabilitation operating methods.

Other programs considered include the rehabilitation program of Puerto Rico, drug addiction services in Berkeley, California, rehabilitation in the City of Detroit, treatment services in Great Britain, Israel, Sweden, France, and Nova Scotia, and the Manhattan Rehabilitation Center.

Problems of Adolescents - Social and Psychological Approaches. Richard E. Hardy, Ed.D. and John G. Cull, Ph.D., editors. Charles C. Thomas Co., 301-327 East Lawrence Ave., Springfield, Ill. 62703. 278 pages. $14.75.

If you don't know that "travel agent" is drug abusers' slang for an LSD salesman, this book may be for you. Although given the blanket title *Problems of Adolescents*, the book concentrates primarily on the special difficulties of adolescents as they mature with families in crisis, the special problems of the delinquent boy and girl, and runaway youth and why they leave home.

In section two there are chapters on juvenile delinquency, the environment of delinquency, predicting delinquency, drug abuse, and a comprehensive drug glossary.

Section three is concerned with rehabilitation and therapy for the young offender and offers information on the young as volunteer aides and vocational rehabilitation.

Problems of Disadvantaged and Deprived Youth. John G. Cull, Ph.D. and Richard E. Hardy, Ed.D., editors. Charles C. Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 248 pages.

A general study of the disadvantaged youth, this text attacks the problem of deprivation from several angles.

The first part of the book contains general descriptions of disadvantagement and deprivation. Included are case studies in disadvantagement and drug abuse and chapters on privation and deprivation, the personality and emotional make-up of the economically deprived child, causes of runaway behavior, and the children of broken homes.

The second part deals with the implications of disadvantagement and deprivation. Chapters can be found on socio-cultural factors in educating disadvantaged children, early intervention for the disadvantaged, impediments to effective cross-cultural teaching, interpersonal relations, and the personal motivation of the disadvantaged.

Medical Care Review, Vol. 32, No. 2, February, 1975. Bureau of Health Economics, School of Public Health, University of Michigan, Ann Arbor, Mich. 48104. 227 pages plus index.

This issue includes abstracts on public expectations and health care, medicine in a changing society, consumer participation in health care, ambulatory care, and international comparisons of medical care. There are also papers on the distribution of physicians in Chicago, medical care in the U.S.S.R., and a wide range of other health-related topics.

The Psychology of Leisure. John Neulinger. Charles C Thomas, Co., 301-327 East Lawrence Ave., Springfield, Ill. 216 pages. $9.75.

The book is addressed to three audiences: students who study leisure as a vocation, social scientists, and the general public. Throughout, Neulinger emphasizes two scientific points: research approaches to the study of leisure and leisure viewed from a psychological standpoint. But the main point of all is the redefinition of leisure from a new and favorable perspective.

Psychological and Vocational Rehabilitation of the Youthful Delinquent. Richard E. Hardy, Ed.D. and John G. Cull, Ph.D.,

Continued on p. 34.

editors. Charles C. Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 248 pages. $11.50.

Directed primarily at the practitioner in the psychological and vocational rehabilitation of the youthful delinquent, this publication includes chapters on male and female juvenile delinquent behavior, indices of prediction of delinquent behavior, causes of runaway behavior, and behavior modification.

In addition, there is material on guided group interaction: a rehabilitative approach, counseling the young offender's parents, developing employment opportunities for juvenile delinquents, drug abuse, and case studies of chronic youthful offenders.

Applied Behavior Modification. W. Doyle Gentry, Ph.D., editor. The C.V. Mosby Co., 3301 Washington Blvd., St. Louis, Mo. 63103. 164 pages. $5.95.

Gentry has assembled a collection of essays on various aspects of behavior modification. The topics taken under consideration are "What is behavior modification?," "Parents as behavior modifiers," "Behavior modification in the schools," "Behavior modification in mental institutions," "A token economy program in a community mental health day treatment center," "Behavior modification in prisons and correctional facilities," "Behavior modification of physical disorders," and "Moral, ethical, and legal considerations in behavior modification."

Included in each presentation is an examination of the need for behavior modification, the people involved, mental disorders that have been and can be dealt with by means of behavior modification, and the problems involved in applying behavioral techniques in the particular setting invold.

Alcohol and Your Health. Louise Bailey Burgess. Charles Publishing Co., 8350 Santa Monica Blvd., Los Angeles, Calif. 90069. 243 pages. $12.50

An organizer and counselor for family life groups for over 40 years, Louise Bailey takes a critical look at alcohol use and abuse in *Alcohol and Your Health.*

Alcohol is examined from several aspects of interest to both the layman and the professional, including alcoholism, drunk driving, drinking among the young, industrial alcoholism programs, drinking in the military, and the licensed beverage industry. In addition, there are chapters on alcohol's cost to society, prohibition, current alcohol-related laws, voluntary abstinence, and consideration of alcohol from a medical and scientific standpoint. Appendices include HEW's *First Special Report to the U.S. Congress on Alcohol and Health* and excerpts from the Second Report mf the National Commission on Marihuana and Drug Abuse.

Higher Education and the Social Professions. Henry M. Barlow, editor. The College of Social Professions, University of Kentucky, Lexington, Ky. 40405. 216 pages.

This publication is a collection of papers presented at a symposium held at the University of Kentucky in May 1972. The authors are social work educators, a university administrator, a professor of education, two sociologists, and a staff member of the Social and Rehabilitation Service.

The central theme of the papers is very much on the public mind: the challenge presented our higher educational institutions by the rapid pace of social change. The specific focus is on social work education, which should make these essays of particular interest to administrators and faculty in colleges and universities which have or would like to have programs in social work. The book should also be useful to those in State and Federal welfare agencies who are concerned with social work manpower.

Social Science and Social Welfare. John M. Romanyshyn, editor. Council on Social Work Education, 345 E. 46th St., N.Y., N.Y. 10017. 226 pages.

This volume had its origins in a Federal grant awarded to the University of Maine, Portland-Gorham, for the purpose of developing an interdisciplinary approach to undergraduate education in social welfare.

In the book, a series of position papers by a broad range of social scientists examine how the various social science disciplines can coltribute to our understanding of social welfare programs and social problems. Questions raised by the authors also include is social science indifferent to ehe social uses to which it may be put, does social science theory project a dehumanized view of man, and how can social knowledge better contribute to social action?

Continued from p. 13.

QUESTION: It seems like the recipients should have no complaints with the program. How about the providers?

MR. FLAHERTY: Thus far, we have really had no significant complaints from the health professionals in our State. Many are happy because once the new computer is in operation on August 1 by HAS they will receive payment for their claims much quicker than they did when the State was processing their claims. This means that 90 percent of claims will be paid within 30 days after receipt. Payments will be made at least once a month and hopefully more current interim rates so that payments are more in line with actual costs.

QUESTION: Since the contract was initiated, have you received many requests from other States showing an interest in your unique Medicaid program?

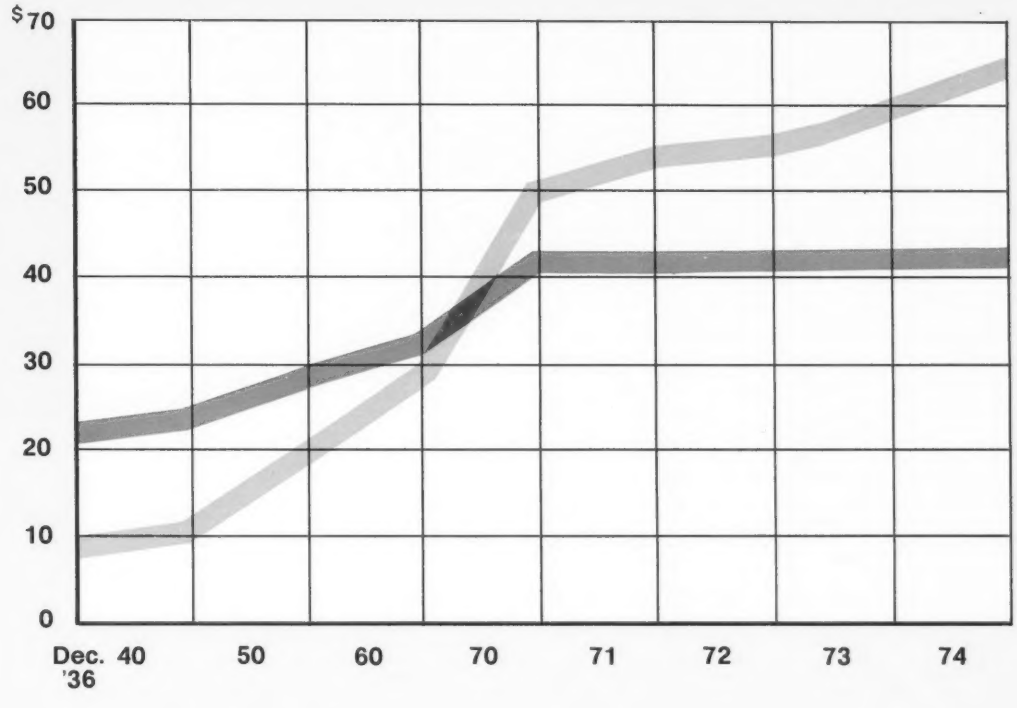
MR. FLAHERTY: Yes, we have received many inquiries on the contract and how the program is working. Other States are definitely interested in trying to develop a similar prepaid program to put a ceiling on their Medicaid costs.

QUESTION: Do you think North Carolina's innovative move has any national implications?

MR. FLAHERTY: I certainly do. It appears that at some time in the near future Congress may enact a national health insurance plan. What we are doing with Medicaid in North Carolina could serve as a prototype for the administration of such a national health insurance program. It is anticipated that in case national health insurance is not adopted by Congress within a reasonable period of time, what we are doing in North Carolina will be adopted by other States. This will require Federal guidelines based on our experience.■

Average AFDC Monthly Public Assistance

Money Payment Per Recipient, December of Year



Actual Dollars.

Adjusted dollars, 1967=100 (dollar, amounts adjusted to represent actual purchasing power in terms of average value of dollar during the year 1967 based on the Consumers' Price Index for moderate-income families in large cities maintained by the Bureau of Labor Statistics)

Note: The average payments reflect only the average amounts received per individual or family from public assistance agencies, including funds from federal, State, and local sources. These payments do not represent the total average amount of income an individual or family has to live on.

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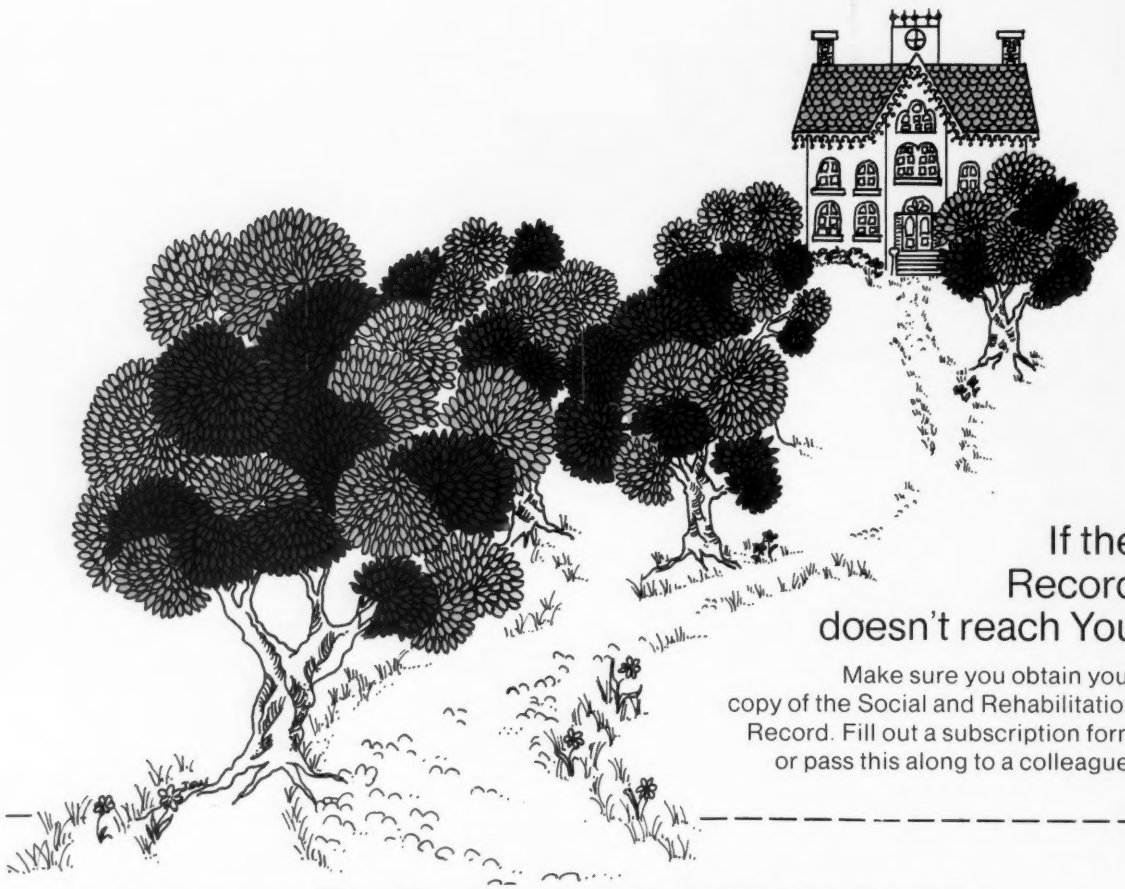

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